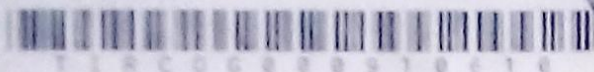


REPUBLIC OF SOUTH AFRICA  
DEPARTMENT HOME AFFAIRS

Section 22 of the Refugees Act No. 130 of 1998



ASYLUM SEEKER TEMPORARY VISA

REFERENCE NO: TIRCOG000910610

Permission is hereby granted to the following person as holder of this permit to remain in the RSA of part thereof as determined in part B hereof

A. PERSONAL PARTICULARS OF HOLDER

SURNAME: TSHINGOMBE TSHITADI

FIRSTNAME(s): TSHITADI MAKANGU FISTON

RESIDENTIAL ADDRESS: yeeville

DATE OF BIRTH: 1982-11-10

GENDER: MALE

NATIONALITY: CONGOLESE

COUNTRY OF ORIGIN: CONGO

FILE NUMBER: TIRCOG000910610

PLACE OF ISSUE: PRETORIA

ALTERNATIVE FILE NUMBER:

EXPIRY DATE:

SOUTH AFRICAN POLICE SERVICE  
CLIENT SERVICE CENTRE

2022-06-01

JOHANNESBURG CENTRAL  
SUID-AFRIKAANSE POLISIEDIE

B. CONDITIONS

- The holder of the permit may remain temporarily in the Republic of South Africa for the purpose of applying for asylum in terms of the Refugees Act No. 130 of 1998.
- The permit holder shall, without expenses to the state, leave the Republic on before such later date as duly authorized by a Refugee Status Determination Officer if his/her application for asylum has been rejected.
- The permit entitles the holder to: WORK AND STUDY IN RSA
- Failure to comply with the conditions of this permit will be dealt with in terms of Section 37 (b) and Section 22 (6) of the Refugees Act 1998.
- All permit holder are obliged to respect the laws of South Africa.
- This permit will lapse if the permit holder does not appear in person as required at the designated Refugee Reception Office or if he/she departs from the Republic without prior authorization from the Director-General.
- All other permits issued prior to the issuance of this permit are automatically nullified.
- Other conditions: WAITING FOR HEARING DATE

I, TSHITADI MAKANGU FISTON TSHINGOMBE TSHITADI, hereby confirm the conditions above and understand that a breach thereof will result in an offence in terms of Section 37 of the Refugees Act

PLACE: Pretoria

DATE: 2021-08-06

CAPTURED BY:

PRINTED BY:

FINGER IMPRESSION

REFUGEE RECEPTION OFFICIAL

NAME:

APPOINTMENT FORCE:

DATE:

PLACE:

ORIGINALLY ISSUED IN:

PERMIT HOLDER SIGNATURE:

rambau grace

22040162

2021-08-06

Pretoria

NUMBER OF EXTENSIONS: 13

PERMIT EXPIRY DATE: 2022-08-06

For verification of this document, please contact DHA  
asmverifications@dha.gov.za

Tshingombe  
0725298946  
tshingombefiston@gmail.com

## ▼ Previous Work History

* From Date	10/02/2020
End Date	10/11/2021
* Industry	Educational Services
* Company Name	Tshingombe
* Title	Engineering
Tasks/Duties	Engineering electrical tax
Number of Subordinates	4

## ▼ Formal Education

* Date Obtained	10/11/2020
* NQF Level	NQF Level 6 (Diploma / Advanced Certificate)
* Qualification Name	Adv Cert: Educ: Technical Education
If other, please specify	Panel wiring

## ▼ Other training (certificates/workshops/seminars)

There are no items in this section.

## ▼ Professional Memberships

There are no items in this section.

## ▼ Language Skills

There are no items in this section.

## ▼ Geo Mobility

There are no items in this section.

## ▼ More Information

Nationality	Congo, the Democratic Republic of the
-------------	---------------------------------------

Drivers License	No
-----------------	----

Drivers License Code	
----------------------	--

**Employment Equity Information**

Race	African
------	---------

Gender	Male
--------	------

* Disability	No
--------------	----

**Residential Address**

Street Number and Name	Hendrik Potgieter St
Suburb	Johannesburg
City	Johannesburg
Region	Gauteng
Postal Code	103
Country	South Africa
* Additional Phone Number	0725298946

**Current Salary Information**

* Current Salary per Annum (ZAR)	5000000
----------------------------------	---------

**SARS Consent**

* Do you consent to SARS using your application for other SARS positions in future?	Yes, please consider my application for other positions
---	---





**OFFICIAL INFORMATION**  
**Offering Registration Materials**

**Registration Materials**

**Registration Materials**

NAME: [REDACTED]  
ADDRESS: [REDACTED]  
CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

**Registration**

NAME: [REDACTED] ADDRESS: [REDACTED]  
CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

OFFICIAL INFORMATION

OFFICIAL INFORMATION  
NAME: [REDACTED]  
ADDRESS: [REDACTED]  
CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

**OFFICIAL INFORMATION**

**OFFICIAL INFORMATION**

The State of New York has a public website for registering to offering information on the website at [www.state.ny.us](http://www.state.ny.us). Please visit the website to learn more about the offering registration process.

Please go to the website at [www.state.ny.us](http://www.state.ny.us) to learn more about the offering registration process. Please contact the website at 1-800-455-7777 for more information.

**OFFICIAL INFORMATION**

**OFFICIAL INFORMATION**



OFFICIAL INFORMATION  
NAME: [REDACTED]  
ADDRESS: [REDACTED]  
CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]



**EFILING REGISTRATION**  
**Request for Relevant Material**

tsh tshitadi  
103  
percy stree rockview flat y  
yeohvill  
jhoanesburg  
1030

Enquiries should be addressed to SARS:

**Contact Detail**

SARS  
Alberton  
1528

Contact Centre Tel: 0800 00 7277  
SARS Online: [www.sars.gov.za](http://www.sars.gov.za)

**Details**

Case No: 419081397  
Issue Date: 12/03/2022

Always quote this reference  
number when contacting SARS

Dear tsh tshitadi

**REQUEST FOR RELEVANT MATERIAL**

The South African Revenue Services (SARS) would like to thank you for registering for SARS eFiling.

In order for us to finalise your eFiling Registration, we request that you provide the following relevant material:

- Proof of identity
- Proof of residential address
- Bank statement not older than 3 months
- Photo of yourself holding your proof of identity

Please submit relevant material through any of the following channels:

- Via eFiling using the username and password that you provided during the registration process; or
- At your nearest SARS branch.

When submitting your relevant material at a branch, please ensure that you enclose this original letter as it contains a unique bar-coded reference which links it to your application. SARS only accepts relevant material in A4 format.

The relevant material must be submitted within 21 business days from date of this letter, failing which your eFiling user registration will be declined.

Should you have any queries please call the SARS Contact Centre on 0800 00 7277. Remember to have your taxpayer reference number at hand when you call to enable us to assist you promptly.

Sincerely

**ISSUED ON BEHALF OF THE COMMISSIONER FOR THE SOUTH AFRICAN REVENUE SERVICE**







EFILING REGISTRATION  
Efiling Registration Outcome

tsh TSHITADI  
20  
PERCY STREET  
YEOHVILL  
JHB  
1030

Enquiries should be addressed to SARS:

**Contact Detail**

SARS  
Alberton  
1528

Contact Centre Tel: 0800 00 7277  
SARS Online: [www.sars.gov.za](http://www.sars.gov.za)

**Details**

Case No: 474178762  
Issue Date: 18/10/2023

Always quote this reference  
number when contacting SARS

Dear tsh TSHITADI

**EFILING REGISTRATION OUTCOME**

The South African Revenue Services (SARS) would like to thank you for registering for eFiling. Unfortunately we are unable to verify you. Please visit your nearest SARS branch in order to complete the eFiling registration process.

Should you have any queries please call the SARS Contact Centre on 0800 00 7277. Remember to have your taxpayer reference number at hand when you call to enable us to assist you promptly.

Sincerely

ISSUED ON BEHALF OF THE COMMISSIONER FOR THE SOUTH AFRICAN REVENUE SERVICE



2023-10-18 2016.01.00 SYSGENOUTLET\_ROPP

2023-10-18

SYSGENOUTLET\_R  
SYSGENOUTLET\_R

25105180

2019

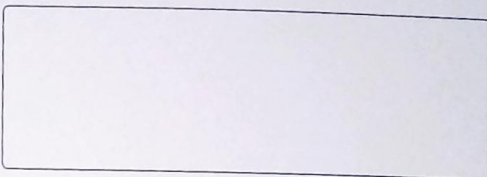
0101

SYSGENOUTLET\_R



**Request for Advice**  
**PCC Fax and Email Reply**

Issue Date 2023/10/10  
Tax Reference No. 0000000000  
Case Number: 475001240



**South African Revenue Service**

P/Bag X15  
Alberton  
1450

Tel: 0800 00 SARS (7277)  
[www.sars.gov.za](http://www.sars.gov.za)

Dear DEAR TAXPAYER DEAR TAXPAYER

**FAX AND EMAIL QUERY REPLY**

Query Resolved

Please find below the resolution for the query you submitted via fax / email.

Please quote the case number when you make a follow up on this query.

**Notes:**

Thank you for your query received via the fax and email channel. In order to process your query please forward your attachment/s in a PDF format as the format you have sent could not be viewed  
Please remember to quote the relevant reference number

Upload the supporting documents (in PDF format) as per guidance below

- . Go to Google
- . Type "SARS online Query System"
- . Click on "SARS Online Query"
- . Complete the form
- . NB!! "submit" button should only be clicked after all documents has been added

Should you require any further information or assistance, please contact the SARS Contact Centre on 0800 00 SARS (7277), or visit your nearest SARS Branch Office. Please remember to have your ID / company registration number / tax reference number or client number on hand for prompt assistance.

Sincerely



Content Version: v0.1.0

Template Version: 0.12.0

Form ID:  
Time Stamp:  
Page of Page:





## Notice of Objection

ADR1

The completed form together with the supporting documents must be sent to the following email addresses: For Tax Practitioners: [pcc@sars.gov.za](mailto:pcc@sars.gov.za). For Taxpayers: [contactus@sars.gov.za](mailto:contactus@sars.gov.za) or by booking a branch appointment via [www.sars.gov.za](http://www.sars.gov.za) or SARS MobiApp. The VAT Exceptions: email address specified in the relevant preceding correspondence

Full name of taxpayer or Trading name

TSHINGOMBETSHITADI

Taxpayer Reference Number

GRS office where taxpayer is registered for applicable tax

4150224122

Contact Details (for purpose of further correspondence regarding the objection)

Full name / Registered name

NOGADA SA

Postal Address

ID Number

Postal Address

1030

Code

1030

Tax Number

271184987191533

Physical Address

BENOIE

Tax Number

271184987191533

Physical Address

BENONIE 1030

Email Address

TSHINGOMBEBK@GMAIL.COM

Physical Address

Code

1030

Assessment Details (Select applicable tax type)

Type: ☐ Trust ☐ Estate Duty ☐ Donations Tax ☐ Other ☐ Par 13(1)(a) and Par 13(1)(b) of the First Schedule ☐

of Tax

If Other, please specify:

Nature: ☐ Income ☐ Deduction ☐ Par 13 (1) Farming Losses ☐ Additional tax / understatement penalty ☐ Interest ☐ Penalty ☐ Other ☐

of the  
amount

disputed:

Tax Period

2

Amount of tax in dispute in terms of the assessment notice

R

20000.00

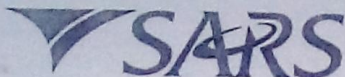
Date of assessment notice

2023 / 04 / 2

VAT (Select applicable nature of amount in dispute)



The completed form together with the supporting documents must be sent to the following email addresses: For Tax Practitioners: [pcc@sars.gov.za](mailto:pcc@sars.gov.za). For Taxpayers: [contactus@sars.gov.za](mailto:contactus@sars.gov.za) or by booking a branch appointment via [www.sars.gov.za](http://www.sars.gov.za) or SARS MobiApp. The VAT Exceptions: email address specified in the relevant preceding correspondence



## EFILING REGISTRATION

### Request for Relevant Material

tsh tshitadi  
103  
percy stree rockview flat y  
yeohvill  
jhoanesburg  
1030

Enquiries should be addressed to SARS:

#### Contact Detail

SARS  
Alberton  
1528

Contact Centre Tel: 0800 00 7277  
SARS Online: [www.sars.gov.za](http://www.sars.gov.za)

#### Details

Case No: 419081397  
Issue Date: 12/03/2022

Always quote this reference  
number when contacting SARS

Dear tsh tshitadi

#### REQUEST FOR RELEVANT MATERIAL

The South African Revenue Services (SARS) would like to thank you for registering for SARS eFiling.

In order for us to finalise your eFiling Registration, we request that you provide the following relevant material:

- Proof of identity
- Proof of residential address
- Bank statement not older than 3 months
- Photo of yourself holding your proof of identity

Please submit relevant material through any of the following channels:

- Via eFiling using the username and password that you provided during the registration process; or
- At your nearest SARS branch.

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The relevant material must be submitted within 21 business days from date of this letter, failing which your eFiling user registration will be declined.

Should you have any queries please call the SARS Contact Centre on 0800 00 7277. Remember to have your taxpayer reference number at hand when you call to enable us to assist you promptly.

Sincerely

ISSUED ON BEHALF OF THE COMMISSIONER FOR THE SOUTH AFRICAN REVENUE SERVICE



tsh tshitadi

SYSDENOUTLET\_R  
SYSDENOUTLET\_R

0000733

2019

01/01

SYSDENOUTLET\_R



## TAX CLEARANCE CERTIFICATE REQUIREMENTS

It is a condition of bid that the taxes of the successful bidder must be in order, or that satisfactory arrangements have been made with South African Revenue Service (SARS) to meet the bidder's tax obligations.

- 1 In order to meet this requirement bidders are required to complete in full the attached form TCC 001 "Application for a Tax Clearance Certificate" and submit it to any SARS branch office nationally. The Tax Clearance Certificate Requirements are also applicable to foreign bidders / individuals who wish to submit bids.
- 2 SARS will then furnish the bidder with a Tax Clearance Certificate that will be valid for a period of 1 (one) year from the date of approval.
- 3 The original Tax Clearance Certificate must be submitted together with the bid. Failure to submit the original and valid Tax Clearance Certificate will result in the invalidation of the bid. Certified copies of the Tax Clearance Certificate will not be acceptable.
- 4 In bids where Consortia / Joint Ventures / Sub-contractors are involved, each party must submit a separate Tax Clearance Certificate.
- 5 Copies of the TCC 001 "Application for a Tax Clearance Certificate" form are available from any SARS branch office nationally or on the website [www.sars.gov.za](http://www.sars.gov.za).
- 6 Applications for the Tax Clearance Certificates may also be made via eFiling. In order to use this provision, taxpayers will need to register with SARS as eFilers through the website [www.sars.gov.za](http://www.sars.gov.za).

# Particulars of applicant

Name/legal name (Initials & surname or registered name)	TCH/TA91-TCH/UGO780-FVCTON									
Trading name (if applicable)	COOPAGNY PARTER TCH/UGO780-RECOPTTY									
ID/Passport no										
Income tax ref no	N/A									
VAT registration no	4 N/A									
Customs code	N/A									
Telephone no										
E-mail address	TCH/UGO780-ES20867A/L-CON									
Physical address	N/A									
Postal address	N/A									

# Particulars of representative (Public Officer/Trustee/Partner)

Surname	TCH/UGO780-TCH/TA91-FVCTON									
First names	FULTON-TCH/UGO780									
ID/Passport no										
Telephone no										
E-mail address	TCH/UGO780-ES20867A/L-CON									
Physical address	N/A									



## particulars of tender (if applicable)

Date started	Date finished	Principal	Contact person	Telephone number	Amount
20/5	20/7	Case Green	Elizabeth		R. 14000
20/5	20/7		Johnnie		R. 10000

2000

Are you currently aware of any Audit investigation against you/the company?  
If "YES" provide details

YES ☐ NO ☒

Appointment of representative/agent (Power of Attorney)

the undersigned confirm that I require a Tax Clearance Certificate in respect of  or

I hereby authorize and instruct \_\_\_\_\_ to apply to and receive from \_\_\_\_\_

2017 07 10  
Date

**Keywords:** *workplace spirituality, organizational commitment, organizational trust, organizational identification, organizational citizenship behaviors*

I declare that the information furnished in this application as well as the supporting documents is true and correct in every respect.

Teacher of Agriculture,  
Supply Officer

**Keywords:**

1. It is a serious offence to make a false declaration.
2. Section 75 of the Income Tax Act, 1962, states: Any person who
- (a) fails or neglects to furnish, file or submit any return or document as and when required by or under this Act, or
- (b) without just cause shows by him, refuses or neglects to—
- (i) furnish, produce or make available any information, documents or things;
- (ii) reply to or answer truly and fully, any questions put to him ...
- as and when required in terms of this Act ... shall be guilty of an offence ...
3. SARS will, under no circumstances, issue a Tax Clearance Certificate unless this form is completed in full.
4. Your Tax Clearance Certificate will only be issued on presentation of your South African Identity Document or Passport (Foreigners only) as applicable.

Witshandl  
103  
Pretoria Street, Pretoria East  
Pretoria  
Pretoria  
1000

Enquiries should be addressed to SARS:

**Contact Detail**

SARS  
Alberton  
1528

Contact Centre Tel: 0800 00 7277  
SARS Online: [www.sars.gov.za](http://www.sars.gov.za)

**Details**

Case No: 419081397  
Issue Date: 12/03/2022

Always quote the reference  
number when contacting SARS

Dear Witshandl

**REQUEST FOR RELEVANT MATERIAL**

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- Proof of residential address
- Bank statement not older than 3 months
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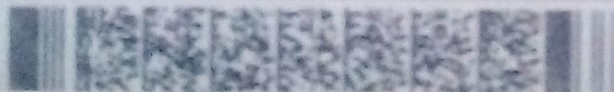
When submitting your relevant material at a branch, please ensure that you enclose this original letter as it contains a unique bar-coded reference which links it to your application. SARS only accepts relevant material in A4 format.

The relevant material must be submitted within 21 business days from date of this letter, failing which your eFiling user registration will be declined.

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Sincerely

ISSUED ON BEHALF OF THE COMMISSIONER FOR THE SOUTH AFRICAN REVENUE SERVICE



419081397

12/03/2022

12/03/2022

419081397

12/03/2022

12/03/2022